



AMERICAN ACADEMY OF VETERINARY PHARMACOLOGY AND THERAPEUTICS (AAVPT)

APPLICATION FOR MEMBERSHIP

I would like to become a ___ Regular ___ Student Member of AAVPT

First name: _____ MI: _____ Last Name: _____

Degree(s): ___ B.S. ___ M.S. ___ Ph.D. ___ D.V.M. ___ R.Pharm. ___ Pharm.D. ___

(Other?) _____ Board certification: _____

Address:

Street

City

State

Zip

Telephone: _____ Email: _____

Fax: _____

Degree(s):

Institution(s):

Major:

Current Position: _____

Qualifications:

Please summarize, in your own words, activities that demonstrate your interest and experience in veterinary or comparative pharmacology and therapeutics. _____

Application fees: \$35.00 Regular Member (annual membership fee of \$35.00 plus a one-time \$20 application fee)
\$20.00 Student Member (annual membership fee)

NOTE: Do not send a check at this time – when approved, a link will be provided to our website for dues payment. Please send this application to the AAVPT.

AAVPT
P.O. Box 103
Timnath, CO 80547-0103

Or scan and send via email to: aavptsec@gmail.com